



Seafood Processing Facility

Exemption Application

La. R.S. 47:305.20

Mail to: Louisiana Department of Revenue
 Special Programs Division
 P.O. Box 66362
 Baton Rouge, LA 70821-6362
 Telephone: (225) 219-7462 • TDD: (225) 219-2114

PLEASE PRINT OR TYPE.

Name		Louisiana Sales Tax Account Number	
Trade Name			
Mailing Address	City	State	ZIP
Location address <i>(if different)</i>	City	State	ZIP

I do hereby apply for a certificate of exemption from Louisiana state sales and use taxes under Louisiana Revised Statute 47:305.20 and make the following statements:

I own, lease, or have exclusive contracts with commercial fishing vessels that have been qualified by the Louisiana Department of Revenue as being entitled to a sales tax exemption.

Please complete either A, B, or C.

A.	My owned vessel is named _____, and has a registration/document number of _____. The Louisiana Department of Revenue Exemption Certificate Number issued for this vessel is _____.
B.	My leased vessel is named _____, and has a registration/document number of _____. The Louisiana Department of Revenue Exemption Certificate Number issued for this vessel is _____. Note: A copy of the lease contract for any vessel listed must accompany this exemption application.
C.	I have an exclusive contract with _____ to purchase all of the catch from _____, the registration/document number of which is _____, for the period of _____. The Louisiana Department of Revenue Exemption Certificate Number issued for this vessel is _____. Note: A copy of the exclusive purchase contract for any vessel listed must accompany this exemption application.

Authorization

I understand that exemption from state sales taxes is valid only as long as I am a seafood processor who meets all of the requirements for the exemption. I understand that the exemption certificate issued by the Louisiana Department of Revenue may not be transferred to any other seafood processor.

Name	Title
Signature	Date (MM/DD/YYYY)